



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE AND DRIVER LICENSING DIVISION
REQUEST FROM RECORD HOLDER

FORM
4681
(REV. 07-2010)

I hereby certify that my name is _____.
(First Name) (Middle Initial) (Last Name)
I further certify that my date of birth is _____, that my Missouri driver license number is _____,
(Month/Day/Year)
that my present mailing address is _____
(Street) (Apartment/Unit) (City) (State) (Zip Code)
and that my daytime telephone number is (_____) _____ - _____.
(Include Area Code)

I am requesting the following records (including my personal information on those records):

☐ **MOTOR VEHICLE RECORDS:**

Year-Make-VIN _____ Registration (Plate) Number _____
☐ Title record (specify current or history) ☐ Registration record (license plates)
☐ Lienholder information ☐ Other(specify) _____

☐ **DRIVER LICENSE RECORDS:**

☐ Copy of application (specify year) _____ ☐ Image portfolio (black and white permit/license photo)
☐ Driver record ☐ Clearance letter (no fee required).
☐ Other (specify) _____ Phone number (573) 751-2730
☐ Temporary Driving Privilege _____ (no fee required)

PLEASE SEND THE REQUESTED RECORD(S) BY

☐ **MAIL** and/or ☐ **FAX (add \$0.50 per page faxed)**

PAYMENT OPTIONS

Records can be obtained by walk-in, mail-in, or e-mail request. The fee is \$5.88 per record. A convenience fee will be charged for credit/debit card transactions.	PAYMENT OPTIONS	CENTRAL OFFICE VISIT	MAIL	FAX OR E-MAIL
	CASH	✓		
	CHECK	✓	✓	
	MONEY ORDER	✓	✓	
	DEBIT CARD	✓		✓
	DISCOVER	✓	✓	✓
	VISA	✓	✓	✓
	AMERICAN EXPRESS	✓	✓	✓
	MASTERCARD	✓	✓	✓

TOTAL RECORD FEES	CONVENIENCE FEE
\$0.00 - \$33.00	\$1.00
\$33.01 - \$100.00	3.00%
\$100.01 - \$250.00	2.95%
\$250.01 - \$500.00	2.85%
\$500.01 - \$750.00	2.85%
\$750.01 - \$1,000.00	2.80%
\$1,000.01 - \$1,500.00	2.75%
\$1,500.01 - \$2,000.00	2.70%
\$2,000.01 or more	2.60%

Mail to: Motor Vehicle and Driver License Bureau-Record Sales, PO Box 2167, Jefferson City, MO 65105-2167

Fax or E-Mail to: (573) 526-7367 dlrecords@dor.mo.gov

Visit at: Central Office, Harry S Truman Building, Room 370, 301 West High Street, Jefferson City, MO

If you are paying by credit/debit card you must provide the following:

NAME (AS IT APPEARS ON CARD)	CARD TYPE	CARD NUMBER	EXPIRATION DATE ____/____/____
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I hereby authorize the Missouri Department of Revenue to ☐ fax ☐ mail this record information to:

Name: _____ Fax: (_____) _____ - _____

Agency Name (if applicable) _____

Address: _____

RECORD HOLDER'S SIGNATURE

DATE

PRINTED NAME

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSE OR BLACK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

THE MISSOURI DEPARTMENT OF REVENUE MAY ELECTRONICALLY RESUBMIT CHECKS RETURNED FOR INSUFFICIENT OR UNCOLLECTED FUNDS